

County: Sheboygan
 ROCKY KNOLL HEALTH CARE FACILITY
 N7135 ROCKY KNOLL PARKWAY
 PLYMOUTH 53073 Phone: (920) 893-6441
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 106
 Total Licensed Bed Capacity (12/31/01): 184
 Number of Residents on 12/31/01: 106

Facility ID: 7740

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Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF?
 Title 18 (Medicare) Certified?
 Title 19 (Medicaid) Certified?
 Average Daily Census:

County
 Skilled
 No
 Yes
 Yes
 122

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		19.8
Supp. Home Care-Personal Care	No					1 - 4 Years		42.5
Supp. Home Care-Household Services	No	Developmental Disabilities	4.7	Under 65	9.4	More Than 4 Years		37.7
Day Services	No	Mental Illness (Org./Psy)	38.7	65 - 74	9.4			-----
Respite Care	No	Mental Illness (Other)	5.7	75 - 84	32.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.7	95 & Over	10.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.9		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	9.4	65 & Over	90.6	-----		
Transportation	No	Cerebrovascular	6.6		-----	RNs		15.9
Referral Service	Yes	Diabetes	2.8	Sex	%	LPNs		5.4
Other Services	Yes	Respiratory	4.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.8	Male	33.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	67.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other			Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	4	100.0	295	65	89.0	112	0	0.0	0	25	89.3	143	0	0.0	0	0	0.0	0	94	88.7
Intermediate	---	---	---	8	11.0	93	1	100.0	107	3	10.7	143	0	0.0	0	0	0.0	0	12	11.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		73	100.0		1	100.0		28	100.0		0	0.0		0	0.0		106	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	14.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	8.5	Bathing	4.7	51.9	43.4	106
Other Nursing Homes	7.0	Dressing	12.3	58.5	29.2	106
Acute Care Hospitals	66.2	Transferring	25.5	50.9	23.6	106
Psych. Hosp. -MR/DD Facilities	2.8	Toilet Use	16.0	49.1	34.9	106
Rehabilitation Hospitals	0.0	Eating	38.7	42.5	18.9	106
Other Locations	1.4	*****				
Total Number of Admissions	71	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	0.9	Receiving Respiratory Care		10.4
Private Home/No Home Health	6.2	Occ/Freq. Incontinent of Bladder	74.5	Receiving Tracheostomy Care		0.9
Private Home/With Home Health	15.5	Occ/Freq. Incontinent of Bowel	52.8	Receiving Suctioning		0.9
Other Nursing Homes	9.3			Receiving Ostomy Care		12.3
Acute Care Hospitals	6.2	Mobility		Receiving Tube Feeding		9.4
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	4.7	Receiving Mechanically Altered Diets		33.0
Rehabilitation Hospitals	0.0					
Other Locations	2.1	Skin Care		Other Resident Characteristics		
Deaths	60.8	With Pressure Sores	5.7	Have Advance Directives		75.5
Total Number of Discharges (Including Deaths)	97	With Rashes	2.8	Medications		
				Receiving Psychoactive Drugs		64.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64.9	81.4	0.80	83.8	0.77	84.3	0.77	84.6	0.77
Current Residents from In-County	81.1	84.1	0.96	84.9	0.96	82.7	0.98	77.0	1.05
Admissions from In-County, Still Residing	26.8	32.4	0.83	21.5	1.25	21.6	1.24	20.8	1.29
Admissions/Average Daily Census	58.2	64.0	0.91	155.8	0.37	137.9	0.42	128.9	0.45
Discharges/Average Daily Census	79.5	66.7	1.19	156.2	0.51	139.0	0.57	130.0	0.61
Discharges To Private Residence/Average Daily Census	17.2	19.2	0.90	61.3	0.28	55.2	0.31	52.8	0.33
Residents Receiving Skilled Care	88.7	85.0	1.04	93.3	0.95	91.8	0.97	85.3	1.04
Residents Aged 65 and Older	90.6	84.3	1.07	92.7	0.98	92.5	0.98	87.5	1.04
Title 19 (Medicaid) Funded Residents	68.9	77.7	0.89	64.8	1.06	64.3	1.07	68.7	1.00
Private Pay Funded Residents	26.4	16.8	1.57	23.3	1.13	25.6	1.03	22.0	1.20
Developmentally Disabled Residents	4.7	3.2	1.45	0.9	5.37	1.2	4.01	7.6	0.62
Mentally Ill Residents	44.3	56.2	0.79	37.7	1.18	37.4	1.19	33.8	1.31
General Medical Service Residents	19.8	15.4	1.29	21.3	0.93	21.2	0.93	19.4	1.02
Impaired ADL (Mean)	55.5	49.2	1.13	49.6	1.12	49.6	1.12	49.3	1.13
Psychological Problems	64.2	65.9	0.97	53.5	1.20	54.1	1.19	51.9	1.24
Nursing Care Required (Mean)	9.4	7.6	1.25	6.5	1.46	6.5	1.45	7.3	1.29